

P09000079091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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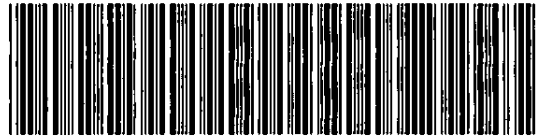
(Business Entity Name)

(Document Number)

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRU3D, INC
(Name of Corporation)

DOCUMENT NUMBER: ~~171035053~~ P09000079091

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Schmitz
(Name of Person)

TRU3D, INC
(Name of Firm/Company)

249 Robin Road
(Address)

Altamonte, FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Schmitz at (407) 443-4179
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Donna Schmitz, hereby resign as ✓ (Title)

of TRU3D INC.
PO9000079091 (Name of Corporation)

PO9000079091 (Document Number, if known) a corporation organized under the laws of the State of

Florida

Donna T. Schmitz
(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314